



Employee Benefits Summary

Fiscal Year 2013 - 2014

State of Michigan

As a State of Michigan classified employee*, you are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long-term disability, flexible spending accounts, and more. Coverage will be effective on the first day of the bi-weekly payroll period following either your first day of employment OR the date when the enrollment process is completed, whichever is later.



If you would like to participate in the State of Michigan's health, vision, dental, employee/dependent life, long-term disability (LTD) and flexible spending account benefits, you must enroll within 31 days of your hire date.

If you elect not to enroll for benefits within the first 31 days of hire, your next opportunity to enroll will be during the annual open enrollment period, which usually takes place in the month of August.

Throughout this benefits summary you will be instructed to contact the MI HR Service Center to enroll in your benefits selections. Please note that Legislative, and Judicial employees should contact their agency HR Office to complete enrollment.

*Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.



Your Benefits Checklist

The checklist below will assist you with the benefit enrollment process.

- ☒ Review this booklet for basic information.
- ☒ Go to www.michigan.gov/employeebenefits to review benefit options. Click the "New Employee" link from the left menu.
- ☒ Contact the MI HR Service Center* toll free at (877) 766-6447 or (517) 335-0529 to enroll in your insurances. Hours are 7:00 a.m. to 6:00 p.m. Monday through Friday, except state holidays.
- ☒ Mail or fax dependent eligibility documentation to the MI HR Service Center, if applicable (See [Eligibility Documentation](#))

* Legislative, and Judicial employees should contact their agency HR Office for assistance.





Where Would You Like to Go?

This document is interactive; be sure to use the buttons to navigate so you can quickly find the information that applies specifically to you.

Enrollment, Eligibility
& Life Events

Health Care Options

Dental & Vision Options

Required
Documentation

Life Insurance

Retirement Plans

Provider Contact
Information

MI HR Self-Service

Flexible Spending, LTD
& Other Benefits

Important Notice,
COBRA & HIPAA

Contact Us



Important Notice

This booklet is a summary of benefits provided to State of Michigan employees¹ and is not an agreement between any employee and the State of Michigan. More complete details on benefits are found in the official documents, such as the Civil Service Rules and Regulations, collective bargaining agreements, departmental work rules, and contracts with various benefit providers. If this booklet and an official document differ, the official document governs.

The New State Health Plan (NSHP) PPO and New HMO (NHMO) Plan Design for employees hired or rehired² on or after April 1, 2010, applies to employees in the following units: MCO (C12), SEIU-517M (E42, H21, L32), AFSCME (U11), UAW (W22, W41), MSEA (A02, A31), MSPTA (T01), and Non-Exclusively Represented Employees (Y00, Y23, Y50, Y51, Y98, and Y99).

NSHP PPO Premium: The State will pay 80% of the total premium with enrolled employees paying 20%.

NHMO Premium: The State will pay up to 85% of the NHMO total Premium, capped at the dollar amount which the State pays for the same coverage under the NSHP PPO, with enrolled employees paying the remainder.

¹ Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.

² Employees returning from recall or otherwise returning to State employment where there has been no break in service will be eligible for enrollment in the plan in which they were previously enrolled. For example, an employee covered by the State Health Plan PPO (SHP) who is placed on layoff and then recalled may enroll in the SHP upon recall; an employee covered by the New State Health Plan PPO (NSHP) who is placed on layoff and then recalled may enroll in the NSHP upon recall. However, a former employee with a break in service who is rehired on or after April 1, 2010, is eligible only for the NSHP or the NHMO. A rehire is simply a HRMN transaction code used to prevent an employee from having duplicate HRMN ID numbers. This type of hire code is used when an applicant is hired who had previously been issued a HRMN ID. All hires having the rehire transaction code had a break in service.



COBRA

(Consolidated Omnibus Budget Reconciliation Act)

Several different events may trigger the loss of insurance coverage for employees (e.g., separation, leave, layoff, reduction of hours), spouses (e.g., divorce, death of employee), or dependent children (e.g., age 19 or older and not regularly attending school, reaching age 25, or marriage).

Under COBRA, if you, a spouse, or dependent should lose eligibility for state-sponsored group health, dental, or vision insurances, you may be eligible to continue these coverages for a period of time by paying the full premium directly to the State of Michigan. This full premium will include the amount previously paid as the "Employee's Share" plus the "State's Share" and, in some cases, an additional 2% service fee.

You may also be eligible to continue your life insurance coverage at no cost for you or your dependents if you are on a leave of absence or layoff from State service.



HIPAA

(Health Insurance Portability & Accountability Act)

The Employee Benefits Division of the Civil Service Commission currently administers the following self-insured group health plans for State employees and retirees on behalf of the State of Michigan:

- State Health Plan PPO (BCBSM/Magellan)
- State Catastrophic Health Plan (BCBSM)
- State Vision Plan (BCBSM)
- State Dental Plan (Delta Dental)
- Preventive Dental Plan (Delta Dental)
- Flexible Spending Accounts (ADP)

The Health Insurance Portability & Accountability Act (HIPAA) and related rules require group health plans to protect the privacy of health information. Your rights under HIPAA are outlined in the Privacy Notice available on the Civil Service Commission [Employee Benefits Division website](http://www.michigan.gov/employeebenefits).



Who Can Enroll?

You may choose to enroll your spouse and/or eligible dependents in your health, dental, vision, and life insurance plans as a new employee, during any annual open enrollment period, or as the result of a life event. Any time a spouse or dependent is added to your insurance, you must submit dependent eligibility documentation (see Page 14) within 31 days of the event. For more information, visit the Employee Benefits Division website at www.michigan.gov/employeebenefits.



Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Special enrollment is also available to (1) those who become eligible for premium assistance under Medicaid or CHIP (Children's Health Insurance Program) and (2) those who lose coverage under Medicaid or CHIP because they are no longer eligible (not because of nonpayment). The deadline for these two enrollments is 60 days after eligibility or termination.

To request special enrollment or obtain more information, contact the MI HR Service Center at (877) 766-6447 or (517) 335-0529. They are open from 7 am until 6 pm, Monday through Friday, except state holidays.



Dual Eligibility

If you and your spouse or dependent are currently working for the State of Michigan and are both covered by State Health Plans (retiree or active, including State-sponsored HMO options), you may:


- ♦ Maintain separate coverage through your individual plans, **OR**
- ♦ Enroll in one plan with one of you as a dependent.

If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.



Insurance Cards

Identification cards will be issued directly from individual insurance carriers, when applicable. In the event that additional or duplicate cards are needed please contact the insurance carrier directly.



Life Event Changes

A marriage, birth, adoption, divorce, etc., can be reported by calling the MI HR Service Center* for assistance.

When children become ineligible, you must contact the MI HR Service Center to stop insurance coverage. Changes must be processed within 31 days of the life event and must be substantiated with appropriate documentation (see Eligibility Documentation)

** Legislative, and Judicial employees should contact their agency HR Office for assistance.*



State Long-Term Disability (LTD) Plan

The State Long-Term Disability (LTD) Plan is an income continuation plan that is available to qualified enrollees during a period of total disability as defined by the Plan.

New employees can enroll within 31 days of hire. Otherwise, you can enroll during the annual Open Enrollment period.

Benefits are equal to 2/3 of your basic monthly salary. The State pays a portion of the total premium. The length of your benefit period and your portion of the premiums are based on your sick leave balance and regular wages.

There are two benefit plans; Plan I and II. Employees with less than 183 hours of sick leave are in Plan I. Employees accumulating 184 hours of sick leave are in Plan II, even if their sick leave balance drops below 184 hours.

Plan I pays a benefit until you are no longer totally disabled or 24 months, whichever occurs first. Plan II pays totally disabled employees until age 65 (age 70 for UAW members) or 12 months, whichever is greater. The Plan II benefit period for "mental/nervous" claims is limited to 24 months from the beginning of the time you are eligible to receive benefits. This limitation does not apply to mental health claims where you are under in-patient care or to UAW members.



Flexible Spending Accounts (FSA)

You may choose to enroll in the Dependent Care and/or the Health Care FSAs.

Michigan's FSA program lets you pay for dependent care and out-of-pocket medical expenses with pre-tax dollars, making these expenses more affordable. FSAs are convenient and easy to use. With a little up-front planning, you can enjoy significant tax savings while paying for a wide array of out-of-pocket medical and dependent care expenses.



Other Benefit Programs

♦ Qualified Transportation Fringe Benefits (QTFB)

The QTFB program is regulated by the Internal Revenue Service (IRS) and is offered to State of Michigan employees. The program allows you to pay for eligible parking expenses and vanpool ridership fees ([MichiVan](#) only) with pre-tax dollars via payroll deduction. Generally, this program is not for use if you park in a State owned or leased lot/ramp.

♦ Benefits for Life

Benefits for Life, is an employee-paid optional coverage program offered through the State of Michigan. The Benefits for Life offerings do not replace your State group benefit plans. Instead, the program offers additional insurance with premiums payable through payroll deduction. Optional coverage plans available for purchase are:

- Accident Insurance
- Accidental Death & Dismemberment (AD&D)
- Auto & Home Insurance
- Critical Illness Insurance
- Discount Plan
- Legal Plan
- Supplemental Term Life
- Universal Life Insurance



Health Care Options

The following is a brief description of the various insurance benefits offered to State of Michigan employees. Complete details for each plan are available on the Civil Service Commission website at www.michigan.gov/employeebenefits. You may elect one of the following health insurance plans:

State Health Plan

Preferred Provider Organization (PPO)

The State Health Plan PPO is administered by Blue Cross Blue Shield of Michigan (BCBSM).

- The State pays 80% of the premium for full-time employees.
- This plan provides health benefits using providers and facilities that are “in-network,” meaning the providers and facilities have agreed to accept a discounted fee from BCBSM for services rendered.
- Provider network covers all 83 Michigan counties.
- There are deductible requirements.
- You must pay office and prescription drug co-pays.
- An emergency room co-pay will be required if the member is not admitted to the hospital.
- Retail pharmacy and mail order prescription medications are administered by MedImpact.
- Mental health and substance abuse treatment services are administered by Magellan Behavioral Health.



HMO Plans

Health Maintenance Organizations

An HMO is a managed care plan that provides medical care through its network of physicians, pharmacies, contracted hospitals, and medical care suppliers in a particular service area.

- The State will pay 80% of the total premium up to the amount paid for the same coverage code under the State Health Plan PPO.
- There are no deductible requirements.
- You must pay office and prescription drug co-pays.
- You can choose your own primary care physician who will provide direct care and make referrals from within the network.
- Your eligibility for enrollment is based on your postal code and bargaining unit.
- HMO eligibility is based on your residential zip code, and union affiliation. To find what HMOs are available to you visit the Employee Benefits Division website at www.michigan.gov/employeebenefits. Select the “HMO Eligibility” link from the left menu.




Catastrophic Health Plan

Administered by Blue Cross Blue Shield of Michigan (BCBSM), this is a hospitalization-only plan intended as an option for those employees who have coverage elsewhere. This plan does not cover prescription drug charges, office visit charges, medical equipment, psychiatric services, or other major medical services.

- Benefits under this plan are payable only after you have covered expenses equal to one month's basic salary (deductible requirement). The family deductible (two or more members) is equal to 1 1/2 month's basic salary.
- This plan will become your primary coverage, all deductibles will need to be met before any other coverage can be utilized.
- The State will cover 100% of the premium cost for full-time employees and you will receive a \$50 cash payment bi-weekly for being enrolled in this plan.

www.michigan.gov/employeebenefits



Dental & Vision Care Options



State Dental Plan

The State Dental Plan is administered by Delta Dental.


- The State will pay 95% of the premium for full-time employees.
- This plan covers preventive services (exams and cleanings) at 100% of the “usual, customary, and reasonable charge.”
- X-rays, oral surgery, extractions, restoratives, periodontics, and endodontic are covered at 90%.
- Orthodontics are covered at 60% up to \$1,500.
- Sealants for children and prosthodontics (including repairs) are covered at 50%.



Preventive Dental Plan

The Preventive Dental Plan is administered by Delta Dental of Michigan. This plan is intended as an option if you have dental coverage elsewhere.

- The Preventive Dental Plan covers diagnostic exams, x-rays, and cleanings to the same extent as the State Dental Plan. No other services are covered.
- The State will pay 100% of the premium for full-time employees and you will receive a \$100 lump sum cash payment each year (pro-rated for mid-year enrollment).



Dental Maintenance Organization (DMO Midwestern Dental Plans)

This is a managed care dental plan that provides all necessary dental care and services. All dental care must be provided at Midwestern Dental Plans' dental care centers by Midwestern Dental Dentists. Your postal code will determine if you are eligible to enroll in the DMO.

- The State will pay 100% of the premium for full-time employees.
- There are no member co-pays required for any covered dental care received at a dental center, except for an orthodontics co-pay for adults (age 19 and older).
- There are no benefit maximums.



State Vision Plan

The State offers one vision plan administered by Blue Cross and Blue Shield of Michigan BCBSM

The State Vision Plan covers routine vision examinations and glaucoma testing once every 12 months, and corrective lenses and eyeglass frames once every 24 months, unless your prescription changes.

- The State pays 100% of the premium for full-time employees.
- There is a co-payment for exams, lenses, and frames.



Life Insurance



Employee Life Insurance

Employee Life Insurance is administered by Minnesota Life. You may select one of the following life insurance plans:

◆ State Life Insurance Plan

The State will cover 100% of the premium cost of the State Life Insurance Plan. This is the traditional group life insurance plan that pays your designated beneficiaries a non-taxable death benefit equal to two times your basic annual salary rounded up to the next \$1,000, up to a maximum of \$200,000.

◆ Reduced Benefit Life Insurance Plan

The Reduced Benefit Life Insurance Plan pays your designated beneficiaries a non-taxable death benefit equal to 100% of your basic annual salary or up to a maximum of \$50,000. You will receive a bi-weekly cash payment for selecting this reduced life insurance option.

NOTE: Both of the life insurance options above include a \$100,000 duty death benefit.



Dependent Life Insurance

You have the option of enrolling your legal spouse and eligible children in one of the Dependent Life Insurance plans administered by Minnesota Life. These plans will cover your spouse and unmarried children between the ages of 14 days and 23 years. Unmarried dependent children between the ages of 19 and 23 are not required to have student eligibility to be enrolled in dependent life. The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.



Beneficiary Changes

Beneficiary designation for final compensation and life insurance can be completed online in your MI HR Self-Service account at www.michigan.gov/selfserv.

The 401(k) Defined Contribution and 457 Plans (ING), and Accidental Duty Death carriers require an original signature to add or change beneficiaries. These forms can be printed from your MI HR Self-Service account. The beneficiary forms for the 401(k) Defined Contribution and 457 Plans should be mailed to the address on the form. The Accidental Duty Death form should be sent to your HR Office.



Defined Contribution Retirement Plan

Employees hired on or after March 31, 1997* are enrolled in the Graded Premium Subsidy health insurance coverage offered by the State.

In the Graded Premium Subsidy plan, the state will pay a percentage of your monthly health, dental, and vision insurance premiums when you terminate employment and reach eligibility age as described in the publication *A Guide to Benefits for Defined Contribution Retirement Plan Participants* (coming soon).

The graded subsidy is currently set at 30 percent with 10 years of service with an additional 3 percent credited for each year of service thereafter up to the maximum subsidy in place for active employees. The subsidy is determined by the Michigan Civil Service Commission, and it is subject to change even after you have retired.

For further information about defined contribution visit www.michigan.gov/orsstatedc.

*Only applies to those employees who chose to elect this option during the retirement reform period in 2012.



401k Savings Plan

Employees hired on or after March 31, 1997 are enrolled in the 401(k) Defined Contribution Plan. The State will contribute an amount equal to 4% of your gross wages to your 401(k) for retirement. The State will also match up to 3% of your bi-weekly contributions. Contributions are subject to IRS guidelines. For more information about this 401(k) plan and to learn about investment options go to <https://stateofmi.ingplans.com> or call (800) 748-6128.





Personal Healthcare Fund

Employees hired on or after January 1, 2012* may contribute to a personal, portable fund that you can use to pay your healthcare expenses in retirement. The Personal Healthcare Fund includes up to a 2 percent employer match into your 401(k) account and a lump sum credit to a tax deferred account when you terminate employment, assuming you meet eligibility requirements.

For further information about the personal healthcare fund visit <http://www.michigan.gov/orsstatedc/0,4655,7-209-58657-273625--,00.html>.

*May apply to those employees who chose to elect this option during the retirement reform period in 2012.



Matching Contributions

The Personal Healthcare Fund includes up to a 2 percent employer match into your 401(k) account if you contribute up to 2 percent of pay in addition to the 3 percent you contribute to qualify for the match you're already eligible for.

To review or change your current level of contributions, log into your ING account at stateofmi.ingplans.com or contact ING at (800) 748-6128.



Lump Sum Credit

The Personal Healthcare Fund also gives you a lump sum credit to a tax-deferred account (which may be your 401(k) or your 457) if you have at least 10 years of service when you first terminate employment following December 31, 2011. The amount of the lump sum credit will be based on a statutory formula, which includes your years of service as of March 31, 2012, the current value of your retiree health benefits, and an annual interest adjustment based on the Medical Care Component of the Consumer Price Index (not to exceed 4 percent). Each spring, you will receive an annual statement on the value of your lump sum amount.



401k Savings Plan

Employees hired on or after January 1, 2012 are enrolled in the 401(k) Defined Contribution Plan. The State will contribute an amount equal to 4% of your gross wages to your 401(k) for retirement. The State will also match up to 3% of your bi-weekly contributions. Contributions are subject to IRS guidelines. For more information about this 401(k) plan and to learn about investment options go to <https://stateofmi.ingplans.com> or call (800) 748-6128.



Defined Benefit Retirement Plan

The Defined Benefit Pension Retirement Plan is for all employee hired before March 31, 1997, unless you elected to transfer to the state's 401(k) Defined Contribution retirement plan under P.A. 487 of 1996.

There are three plans within the Defined Benefit (DB) retirement plan; DB Classified, DB 30, and DB/DC Blend



DB Classified

As a DB Classified member, you'll remain an active contributing member of the DB plan until you terminate employment.



DB 30

As a DB 30 member, you'll remain an active contributing member of the DB plan until you reach 30 years of service. At that point, you'll

become a participant in the Defined Contribution (DC) plan for future service. Your status in the DB plan will be *active noncontributing member*. When you retire, your retirement benefits will be comprised of your pension and the assets in your DC plan accounts. You remain eligible for retiree health insurance under the DB plan.



DB/DC Blend


As a DB/DC Blend member, you became a participant in the DC plan for future service beginning April 1, 2012. Your status in the DB

plan is *active noncontributing member*. When you retire, your retirement benefits will be comprised of your pension and the assets in your DC plan accounts. You remain eligible for retiree health insurance under the DB plan.

For all DC blend plans please refer to ING for plan information at: <https://stateofmi.ingplans.com> or call (800) 748-6128.

For further information about the defined benefit plan visit www.michigan.gov/orsstatedb.





Enrolling in Benefits



MI HR Service Center

The MI HR Service Center has a staff of State of Michigan HR employees who are there to answer your benefit questions and assist you with benefits enrollment. Please Note: Legislative, and Judicial employees should enroll for benefits by contacting their agency HR Office.


The MI HR Service Center is available from 7:00 a.m. to 6:00 p.m., Monday through Friday, except state holidays.

Documentation must be mailed/faxed to the MI HR Service Center within 31 days from the date you enroll dependents in your insurances. See [Eligibility Documentation](#) for a list of acceptable documents.



MI HR Self-Service

MI HR Self-Service is an online web-based tool designed to provide you with access to update and view your personnel information. As a new State employee, you will be provided access to MI HR Self-Service. This online tool allows you to update your personal records such as address and home phone, emergency contacts, e-mail address, beneficiaries, and direct deposits. During special enrollment periods, you can complete your Group Insurance Open Enrollment, Flexible Spending Account Open Enrollment, and/or make contributions during the State Employees Charitable Campaign (SECC). You can also get updated information and forms for insurance coverage, tax withholding, leave balances, earning statements, and more.




New Employees

Your MI HR Self-Service account will be created one day after your HR Office enters your hire information into the system. Human Resources Management Network (HRMN) Central Security will create your Self-Service account and send the following correspondence to you:

- ◆ A letter will be mailed to the home address on file notifying you that your MI HR Self-Service account has been created. It will contain; your MI HR Self-Service username, additional web addresses and contact information.
- ◆ If you have a valid State of Michigan email address, an email with a temporary PIN, instructions on how to activate your MI HR Self-Service account and how to receive your new password will be emailed to you. If you do not have a valid email address, this information will be mailed to your home address on file.
- ◆ Once you've activated your account and received your password, a thank you notification will be sent to your valid State of Michigan email address or to your home address on file if you don't have a valid email address. The notification will also contain the address to the self-service login page.

If you have difficulty obtaining your first password or would like someone to walk you through the process, please contact the MI HR Service Center (*including Legislative, and Judicial employees*) at (877) 766-6447. Be sure to have your username and temporary PIN when you call.



Contact MI HR Service Center

Toll Free: (877) 766-6447

Lansing Area: (517) 335-0529

Relay Center: 711

Fax: (517) 241-5892

Mailing Address:

P.O. Box 30002

Lansing, MI 48909

Hours of Operation:

7:00 a.m. to 6:00 p.m.

Monday through Friday
(except on state holidays)

Legislative, and Judicial employees should enroll in benefits by contacting their agency HR Office.



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www.michigan.gov/employeebenefits

Required Documents The documents listed below are acceptable proof of dependent, adult child, and OEAI <u>eligibility</u> for insurance coverage (<i>legible copies are required for each type of document; please do not provide originals</i>).	Health Dental and Vision										Health only			Removal			
	Spouse	Biological child	Adopted child	Legal guardianship	Grandchild*	Foster child	Step child	Loss of coverage	Incapacitated child	Student age 19 to 24	Adult child age 19 to 26	OEAI	OEAI dependent**	OEAI dependent age 19 to 26**	Spouse and stepchild(ren) due to divorce	Spouse and dependent due to death	Gain of coverage
Marriage certificate																	
Official birth certificate (not hospital birth certificate)																	
Adoption papers or sworn statement with the date of placement																	
Guardianship papers																	
Court document placing the child in the employee's home for foster care.																	
First and last pages of the most current divorce decree of the employee's spouse stamped by the court verifying physical custody.																	
<u>Verification of Eligibility (CS-1830)</u> & school records proving attendance.																	
<u>OEAI Enrollment Application & Affidavit CS-1833</u>																	
Proof of age (i.e. birth certificate, passport, driver's license, or other governmental document)																	
Document establishing joint residency for the past 12 months (must include OEAI name, same primary residency as the employee. i.e. bank statement, utility bill, lease agreement, etc.)																	
Documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19.																	
First and last page of divorce decree stamped by the court																	
Death certificate																	
Document detailing loss/gain of coverage from employer or insurance provider.																	

*Parent must be a covered dependent; if age 19 to 24 must be a student.

**Dependent children of an OEAI may enroll in health insurance only with a CS-1833 and the same required documentation that applies to equivalent dependent children of employees.

*Parent must be a covered dependent; if age 19 to 24 must be a student.

**Dependent children of an OEAI may enroll in health insurance only with a CS-1833 and the same required documentation that applies to equivalent dependent children of employees.

Insurance Open Enrollment: Copies of the documentation must be mailed or faxed to the MI HR Service Center by September 30, 2013.

Life Events: To add or change eligible dependents due to a life event (such as marriage, birth, divorce), call the MI HR Service Center as soon as possible but no later than 31 days following the life event. Do not wait until you have the official documentation.

If you have questions on documentation requirements, contact the MI HR Service Center at:

Toll-free (877) 766-6447, Lansing area (517) 335-0529, or dial 711 for Michigan Relay Center

Documents can be faxed: (517) 241-5892 or mailed: MI HR Service Center P.O. Box 30002, Lansing, MI 48909

Note: Legislative, Judicial and Auditor General must submit the required documentation to their Human Resource Office.



Provider Information

State-Sponsored Group Insurance Plan

STATE HEALTH PLAN PPO

BCBSM State of Michigan Service Center
(800) 843-4876

www.bcbsm.com/som

Open enrollment information

www.bcbs.com/som/emp/open-enrollment.shtml

STATE CATASTROPHIC HEALTH PLAN

BCBSM State of Michigan Service Center
(800) 843-4876

www.bcbsm.com/som

**MANAGED PHARMACY/
PRESCRIPTION DRUG PROGRAM**

MedImpact

(877) 403-6034

www.mp.medimpact.com/som

STATE VISION PLAN

BCBSM State of Michigan Service Center
(800) 843-4876

www.bcbsm.com/som

**MENTAL HEALTH/
SUBSTANCE ABUSE SERVICES**

Magellan Behavioral of Michigan
(866) 503-3158

www.magellanassist.com

**STATE DENTAL PLAN and
PREVENTIVE DENTAL PLAN**

Delta Dental Plan of Michigan
(800) 524-0150

www.deltadentalmi.com

**STATE LONG TERM DISABILITY (LTD)
PLAN**

CMI, a York Risk Services Company
(800) 324-9901

**DENTAL MAINTENANCE ORGANIZATION
(DMO)**

Midwestern Dental Plans, Inc.
(800) 544-6374

www.midwesterndental.com

Provider Information

Health Maintenance Organizations

Blue Care Network, East
Blue Care Network, Great Lakes West
Blue Care Network, Mid-Michigan
Blue Care Network, Southeast
(800) 662-6667

www.bcbsm.com/som

Open enrollment information

www.bcbs.com/som/emp/open-enrollment.shtml

Grand Valley Health Plan

(800) 335-1977

(616) 949-2410

www.gvhp.com

Health Alliance Plan

(800) 422-4641

www.hap.org

HealthPlus of Michigan

(Flint) (800) 332-9161

(Saginaw) (800) 942-8816

www.healthplus.com

McLaren Health Plan

(888) 327-0671

www.mclarenhealthplan.org

**Physicians Health Plan
(Lansing)**

(517) 364-8500 or (800) 832-9186

www.phpstateofmichigan.com

Priority Health, West
Priority Health, East
Priority Health, South

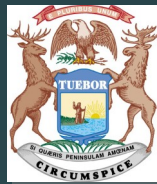
(800) 446-5674

www.priority-health.com

Total Health Care

(313) 871-2000 or (800) 826-2862

www.totalhealthcareonline.com



Employee Benefits Summary

Mailing Address:

**P.O. Box 30002
Lansing, MI 48909**

**Toll Free: (877) 766-6447
Lansing Area: (517) 335-0529
MI Relay Center: 711
Fax: (517) 241-5892**

Hours of operation

**7:00 a.m. to 6:00 p.m. Monday through
Friday
(except on state holidays)**

**Employee Benefits Division Website
www.michigan.gov/employeebenefits**

**MI HR Self-Service & MI HR
Information**

www.michigan.gov/selfserv

Updated: July 2013





What retirement plan are you enrolled in?

You're a member of the Defined Benefit (DB) plan if you were hired before March 31, 1997, and you:

- Elected the DB Classified plan under P.A. 264 of 2011
- Elected the DB 30 plan under P.A. 264 of 2011 and you have not yet reached 30 years of service.

Defined Benefit (DB)

You're a participant in the Defined Contribution (DC) plan if you:

- Were newly hired by the State of Michigan on or after March 31, 1997.
- Began your state employment under the DB plan and chose to transfer to the DC plan under P.A. of 1996. (You retain the DB insurance Subsidy.)

Defined Contribution (DC)

You're a participant of Personal Healthcare Trust if you:

- Were newly hired by the State of Michigan on or after January 1, 2012.
- Elected to participate in this plan under P.A. of 2011.
- If you are not vested and are rehired by the State of Michigan after January 1, 2014

Personal Healthcare Trust

You're a member of the DB plan AND a participant in the DC plan if you:

- Elected the DB 30 plan under P.A. 264 of 2011 and you have reached 30 years of service.
- Elected the DB/DC Blend plan under P.A. 264 of 2011, and thus became a DC plan participant April 1, 2012.
- Began your state employment under the DB plan, left, and then returned to state employment on or after January 1, 2012, and before January 1, 2014.

Defined Benefit

Defined Contribution